

AMENDED--CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONERIN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

ALITO TIJWAN CROSS 34517-057

Full Name of Plaintiff

Inmate Number

v.

DOCTOR BUSCHMAN

Name of Defendant 1

PHYSICIAN'S ASSISTANT WICKHAM

Name of Defendant 2

H. QUAY

Name of Defendant 3

Name of Defendant 4

Name of Defendant 5

(Print the names of all defendants. If the names of all defendants do not fit in this space, you may attach additional pages. Do not include addresses in this section).

Civil No. 1:22-CV-98

(to be filled in by the Clerk's Office)

☐ Demand for Jury Trial☒ No Jury Trial DemandFILED  
SCRANTON

SEP 12 2022

PER   
DEPUTY CLERK

## I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

☐ Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)☒ Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)☐ Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

**II. ADDRESSES AND INFORMATION**

**A. PLAINTIFF**

CROSS, ALITO, TIJWAN

Name (Last, First, MI)

34517-057

Inmate Number

UNITED STATES PENITENTIARY ALLENWOOD

Place of Confinement

POST OFFICE BOX 3500

Address

WHITE DEER, UNION, PENNSYLVANIA 17887

City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced state prisoner

☒ Convicted and sentenced federal prisoner

**B. DEFENDANT(S)**

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

BUSCHMAN, F.N.U.

Name (Last, First)

PHYSICIAN F.N.U.

Current Job Title

FEDERAL CORRECTIONAL COMPLEX ALLENWOOD

Current Work Address

WHITE DEER, UNION, PENNSYLVANIA 17887

City, County, State, Zip Code

Defendant 2:

WICKHAM, F.N.U.

Name (Last, First)

PHYSICIAN'S ASSISTANT

Current Job Title

FEDERAL CORRECTIONAL COMPLEX ALLENWOOD

Current Work Address

WHITE DEER, UNION, PENNSYLVANIA 17887

City, County, State, Zip Code

Defendant 3:

QUAY, H.

Name (Last, First)

FORMER WARDEN

Current Job Title

RETIRED

Current Work Address

City, County, State, Zip Code

Defendant 4:

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

Defendant 5:

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

### III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

At United States Penitentiary Allenwood on the Transitional  
Care Unit beginning in approximately February 2021 up until  
and including this date

B. On what date did the events giving rise to your claim(s) occur?

Approximately September and October 2021

C. What are the facts underlying your claim(s)? (For example: What happened to you?  
Who did what?)

The defendant's deliberate indifference to my Type 2 diabetes  
has caused me to go through low sugar episodes and lose consciousness  
on 4 occasions.

#### IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

To show such deliberate indifference, I must establish two elements. First, I must show a "serious medical need" by demonstrating that failure to treat a medical condition could result in significant further injury or the "unnecessary and wanton infliction of pain." Second, I must show that the prison officials were aware of failed to respond to my pain and medical needs, and that I suffered some harm because of that failure.

It took defendant #1 13 months to treat my medical condition subsequent to being informed of me losing consciousness on 4 occasions during the 13 month period. The United States Supreme Court has consistently held that consciously ignoring a prisoner's serious medical needs amounts to Cruel and Unusual Punishment in violation of the Eighth Amendment to the United States Constitution.

#### V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

I have loss consciousness on 4 occasions. My life was placed in danger. My vision is impaired and I have severe mental stress.

#### VI. RELIEF

State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

MONETARY DAMAGES.

**VII. SIGNATURE**

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.

Alito T. Cross

Signature of Plaintiff

6-27-2022

Date

Date: 9-6-22

Dear Office Of THE Clerk:

With all-d0-Respect, I Alito T. Cross ask THE Clerk's PERMISSION TO RETURN a COPY OF my Amended Civil Complaint, Do-to-the-Fact I Had NO time TO make a copy FOR myself.

Sincerely,  
AT Cross

Aiko T. Cross #34517-057  
USP-Allenwood  
P.O. Box 3000  
White Deer, PA 17887  
*AKC*

RECEIVED  
SCRANTON

SEP 12 2022

PER *EP*  
DEPUTY CLERK

MIDDLE DISTRICT OF PENNSYLVANIA

P.O. Box 1148

Scranton, PA 18501-1148

*Legal Mail*

